

Name
in
Full

Susan Ann Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Sunderland</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1904</i>	Month <i>Jan</i>	Day <i>6</i>	Age <i>63</i>	Years <i>2</i>	Months <i>6</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Calvert Co,</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>William J. Cox</i>			
Father's Name <i>Joseph Turner</i>			Father's Birthplace <i>Calvert Co,</i>		
Mother's Maiden Name <i>Sarah A. Watson</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Paul J. Cox</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Liver</i>	How long <i>5 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Humman</i>
	Address <i>Lower Marlboro Md</i>
Accident or Suicide?	



Name
in
Full

William Henry Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Olin* ^{Town}*Calvert* ^{County}Date of death *1905* - *Jan* ^{Month}*19* ^{Day}Age *50* ^{Years}

Months

Days

Sex *Male*Color or Race *Colored*Birth-place *Calvert Co, Md*Occupation *Oysterman*Where Residing if not
at place of deathMarried, Single
or Widowed *Married*Name of Wife or
Husband*Sarah Elizabeth Dorsey*Father's Name *Unknown*Father's Birthplace *Unknown*Mother's Maiden Name *Maria Dorsey*Mother's Birthplace *Calvert Co*Name of person giving
In formation *Sarah E Dorsey*How related
to deceased *wife*

CAUSES OF DEATH

Primary *Salvular disease of heart*How long *about 3 mos*Immediate *Exhaustion*

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr F Chambers MD*

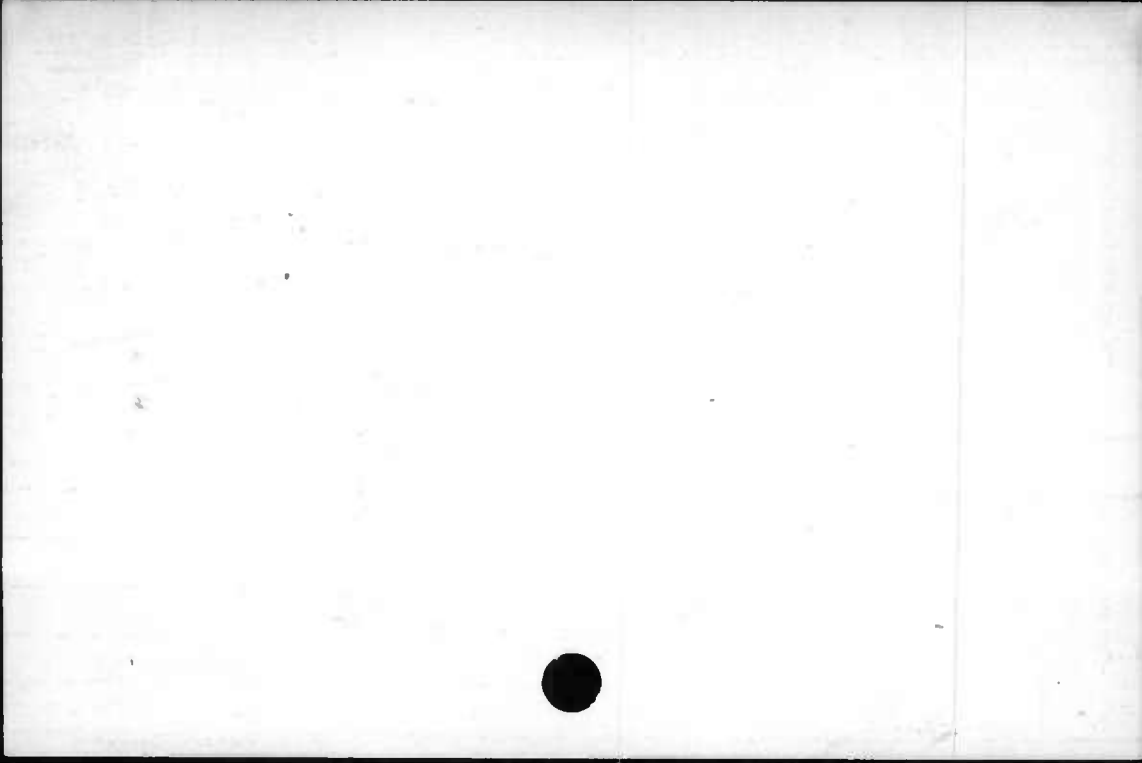
Address

*Lucy Calvert Co
Md*

Accident or Suicide?

PHYSICIAN
OR CORONER

/



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Willow* TownCounty *Calvert*Date of death *1905 Jan 27*Age *50* Years

Months

Days

Sex *male*Color or Race *white*Birthplace *Cal. Co.*Occupation *farmer*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information *George Essex Jr*How related to deceased *Nephew*

CAUSES OF DEATH

Primary *Pneumonia*How long *8 days*

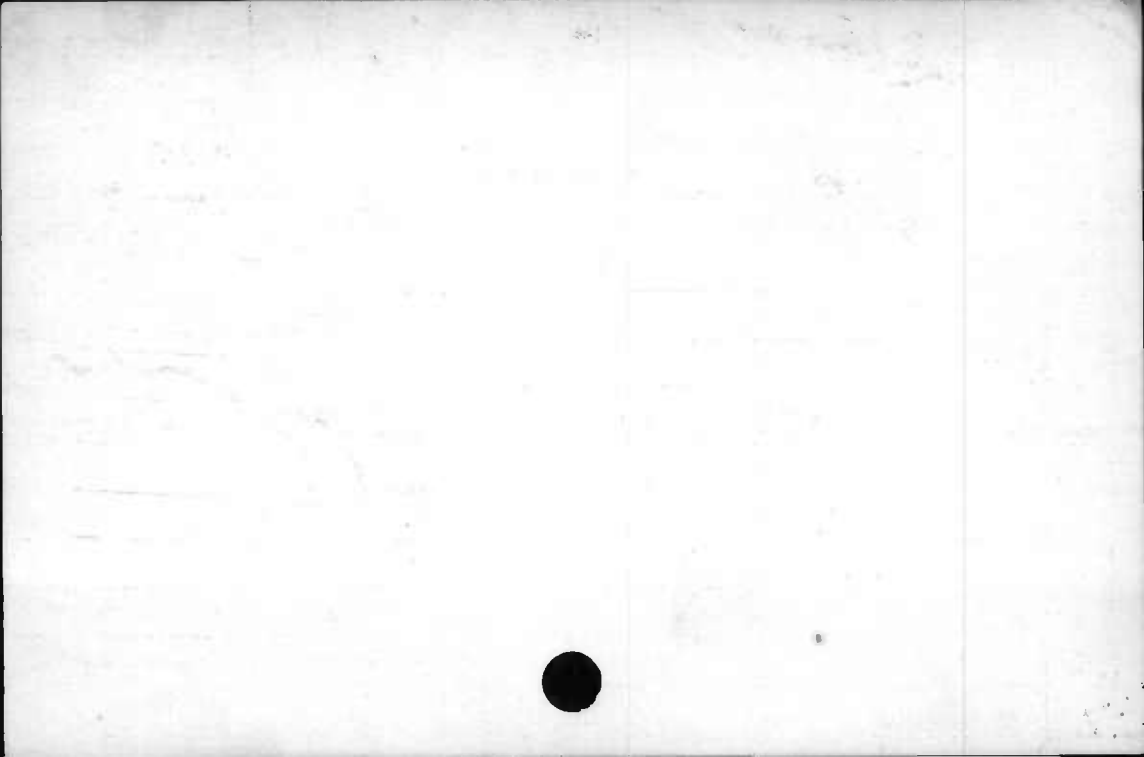
Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. W. Litch*Address *Huntingtown Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Abraham Fook

CERTIFICATE OF DEATH

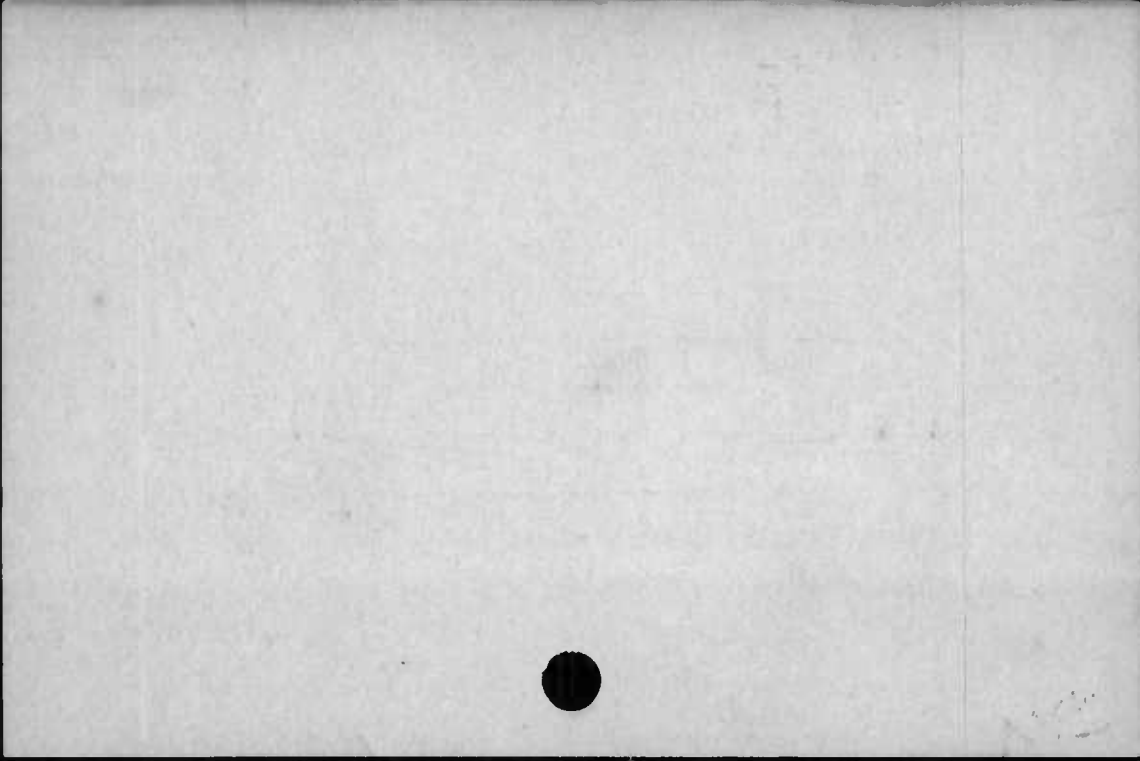
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frager</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death	<i>1905</i> Month <i>Jan</i>	Day <i>19</i>	Age <i>3</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co md</i>		
Occupation <i>Student</i>	Where Residing if not at place of death <i>Baltimore md</i>				
Married, Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>Clarence Fook</i>			Father's Birthplace <i>Calvert Co md</i>		
Mother's Maiden Name <i>Harriet Ann Green</i>			Mother's Birthplace <i>Calvert Co md</i>		
Name of person giving information <i>Benj. Fook</i>			How related to deceased <i>Grand Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>about 1 year</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo F. Chambers md</i>
	Address <i>Lucy, Calvert Co</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Major Parron		Town Panthers Creek		County Calverton		MARYLAND	
Died at Panthers Creek		Month Jan		Days 6		Age 76	
Date of death 1905		Month Jan		Days 6		Age 76	
Sex Male		Color or Race Colored		Birthplace Panthers Creek			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Lucretia					
Father's Name Jerry Parron		Father's Birthplace					
Mother's Maiden Name Ella Nelson		Mother's Birthplace					
Name of person giving information Samuel Parron		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Valv. disease of heart		How long 2 Yrs	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. N. King MD	
J. T. Brooks		Address Wetzel	
Accident or Suicide?			



Name
in
Full

Louise May Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Solomons		Calvert			
Date of death	1901	Month	Jan	Day	30
				Age	30
				Months	1
				Days	29
Sex	Female		Color or Race	White	
Occupation	Housewife		Birth-place	Calvert Co, md	
Where Residing if not at place of death			Baltimore md		
Married, Single or Widowed	Married		Name of Wife or Husband	Samuel Parsons	
Father's Name	William J. Lucy		Father's Birthplace	Calvert Co md	
Mother's Maiden Name	Mary Saphora Coeter		Mother's Birthplace	Calvert Co md	
Name of person giving information	Wm. J. Lucy		How related to deceased	Father	

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	2 mos
Immediate	Exhaustion	How long	

Are the name, age, sex, color, date and place correctly given above?

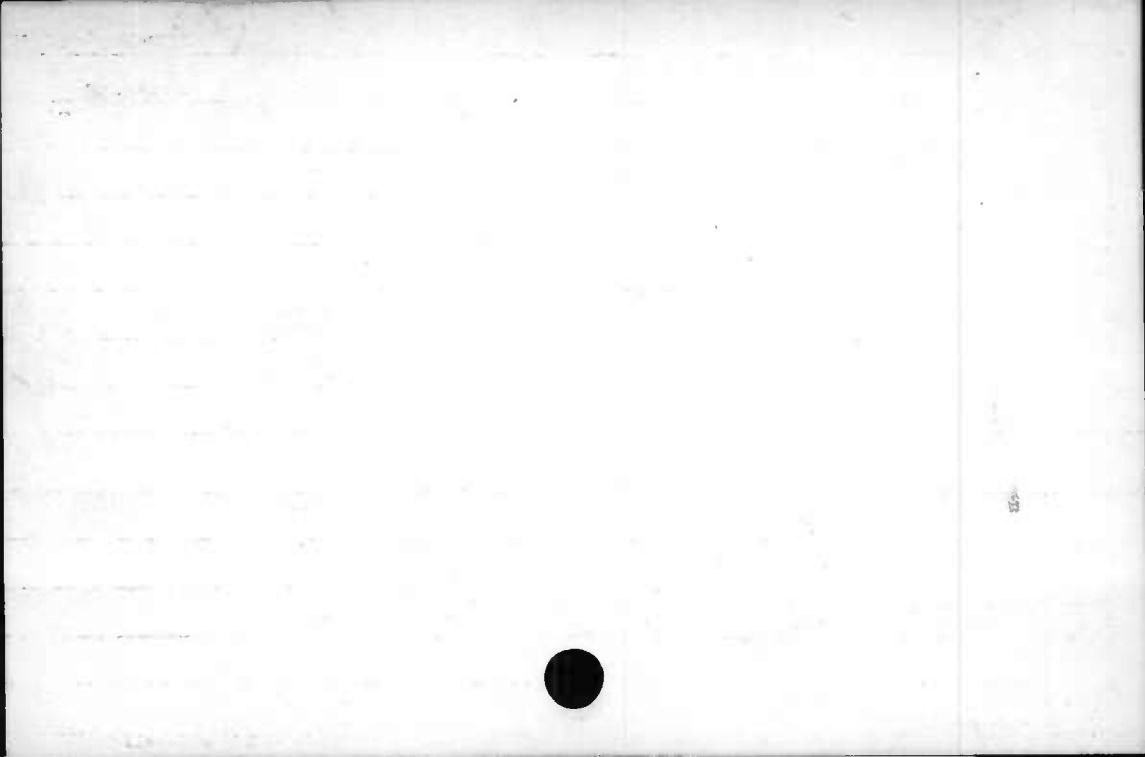
Yes

Signature of Physician

Address

W. W. St. March
Solomons md

Accident or Suicide?



Name
in
Full

Phoebe R Sherbert

CERTIFICATE OF DEATH

Died at ^{Town} *Near Mt-Harmony* ^{County} *Calvert-*

MARYLAND

Date of death 190 ⁵ ^{Month} *Jan* ^{Day} *31* ^{Years} *Age* ^{Months} *2* ^{Days}Sex *Female* Color or Race *white-* Birth-place *Mt-Harmony*Married, Single or Widowed *Single* Occupation

Name of Wife or Husband

Father's Name *Maurice C Sherbert* Father's Birthplace *Calvert Co*Mother's Maiden Name *Alice R Hardesty* Mother's Birthplace *Calvert Co*Name of person giving information *Alice R Sherbert* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Prismus Neonatorum* How long *Six hours*Immediate *Coma* How long *Ten hours*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

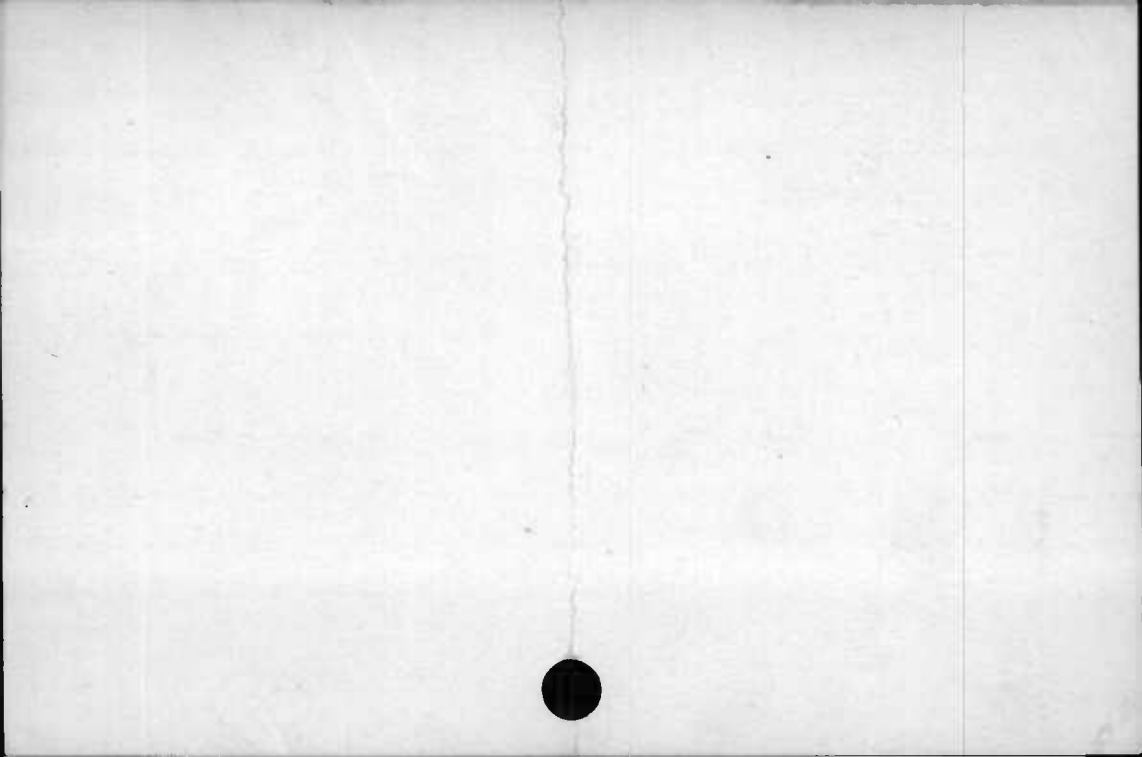
Address

L Bragshaw
Friendship
md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

①



Name
in
Full

no name Infant Taxes

CERTIFICATE OF DEATH

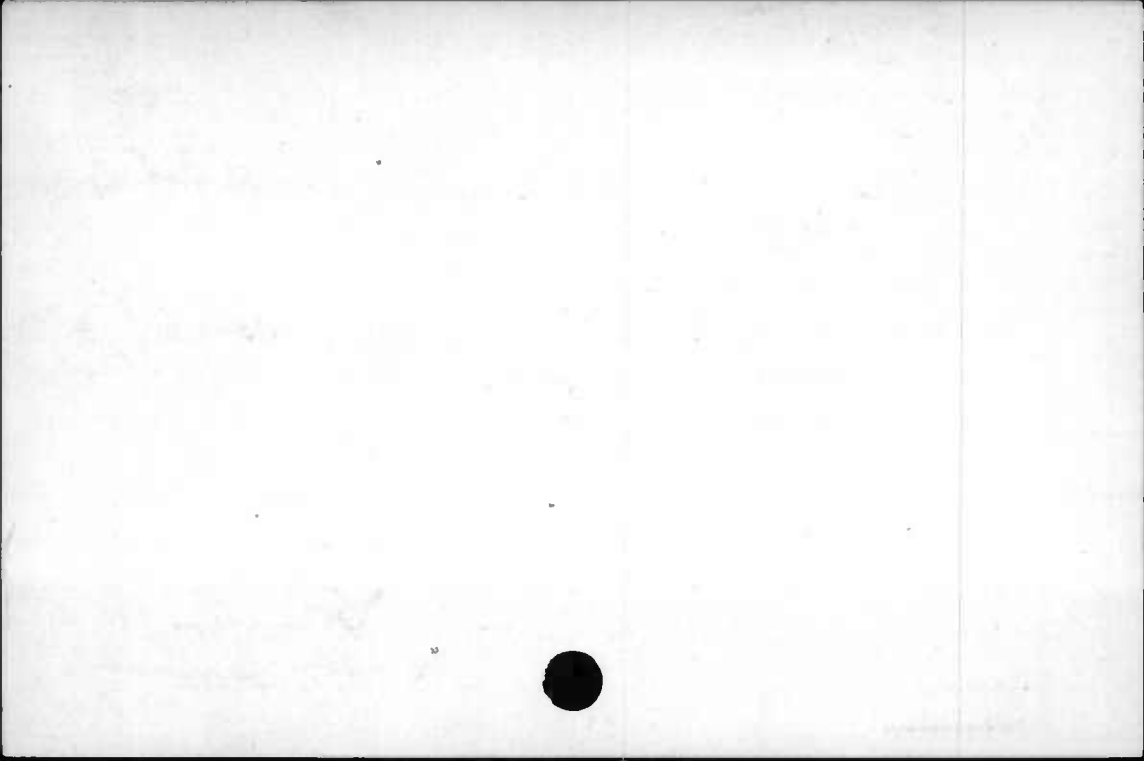
TO BE ANSWERED BY
NEAREST FRIEND

Died at		near Chesapeake Beach		Calvert State of		MARYLAND	
Date of death	1906	Month	January	Day	30	Age	01
Sex	Male		Color or Race	Colored		Birth-place	Chesapeake Beach
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	11		Name of Wife or Husband	None			
Father's Name	Henry Tasco					Father's Birthplace	Calvert County
Mother's Maiden Name	Maze Coats					Mother's Birthplace	" "
Name of person giving information	Wilson Jefferson					How related to deceased	Grand Father

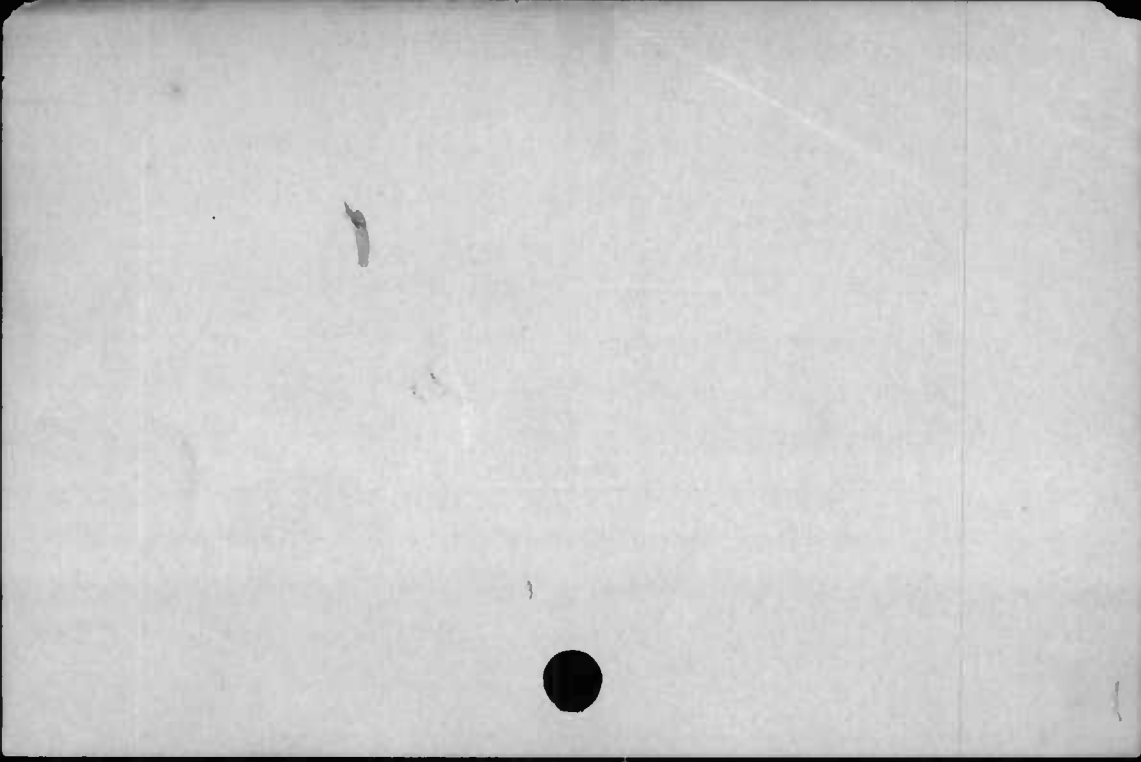
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long
Immediate	" "	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
		none - Millie Hall
		111 Harmony
		Calvert County
Accident or Suicide?		



Name in Full		Town				County		CERTIFICATE OF DEATH	
Charles P. Wallon		Chesapeake Beach				Calvert		MARYLAND	
Died at		Date of death 1905		Month Jan		Day 3		Age 57	
Sex Male		Color or Race White		Birth-place Richmond Va		Months		Days	
Occupation Farmer		Where Residing if not at place of death							
Married, Single or Widowed Married		Name of Wife or Husband Effie Wallon							
Father's Name Benjamin Wallon		Father's Birthplace Va							
Mother's Maiden Name		Mother's Birthplace Va							
Name of person giving information W. H. Hutchins		How related to deceased Friend							
CAUSES OF DEATH									
Primary Cause Malaria		(120)		How long Several Months					
Immediate Cause Broncho Pneumonia, Heart Failure				How long					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. L. Brayshaw		Address Friendship					
Accident or Suicide?		V							



Name in Full		Ward				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Olivet		Town		Calvert
	County						
	Date of death		1905	Jan.	17	Age	
	Sex		Male		Color or Race		White
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Samuel Ward		Father's Birthplace		Calvert Co Md
Mother's Maiden Name		Hattie E. Brown		Mother's Birthplace		Calvert Co. Md	
Name of person giving information		Samuel Ward		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Unknown		How long		5.
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. F. Chambers, M.D.
					Address		Linby, Calvert Co., Md
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

Wm. Walters
Town Barrens County

MARYLAND

Died at Date of death 1906 Jan 14 Age 23 Months Days

Sex male Color or Race Black Birth-place Calver

Occupation Cysterman Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Eliza Broom

Father's Name not obtainable Father's Birthplace

Mother's Maiden Name not obtainable Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary Tuberculosis of lung and intestines How long 1 Yr
Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Dr. L. N. King
Address Baeton

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

